| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF OHIO | - | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Identify Yourself | | |
|-----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your | Jason First name K. Middle name Kinder, Jr. | First name Middle name |
| | meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | 9 | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-6090 | |

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | | |
|--|---|---|--|--|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | | |
| | | EINs | EINs | | | | |
| 5. | Where you live | 15239 Avon Belden Road | If Debtor 2 lives at a different address: | | | | |
| | | Grafton, OH 44044 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | | |
| | | Lorain | | | | | |
| | | County | County | | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | | |
| | | | | | | | |

| Deb | otor 1 | Jason K. Kinder, J | Jr. | | | Case number (if known) | | | |
|-----|-------------------------|---|------------------------|---|---|---|-------|--|--|
| | | | | | | | | | |
| Par | rt 2: | Tell the Court About | our Bankruptcy | Case | | | | | |
| 7. | Bank | chapter of the cruptcy Code you are | | | each, see <i>Notice Required by</i> age 1 and check the appropriate | 11 U.S.C. § 342(b) for Individuals Filing for Bankrup e box. | otcy | | |
| | cnoo | sing to file under | Chapter 7 | | | | | | |
| | | | ☐ Chapter 11 | | | | | | |
| | | | ☐ Chapter 12 | | | | | | |
| | | | ☐ Chapter 13 | | | | | | |
| | | | | | | | | | |
| 8. | How | you will pay the fee | about how order. If yo | you may pay. Typica | ally, if you are paying the fee yo | with the clerk's office in your local court for more ourself, you may pay with cash, cashier's check, or lalf, your attorney may pay with a credit card or check. | money | | |
| | | | | oay the fee in install Fee in Installments (| | n, sign and attach the Application for Individuals to |) Pay | | |
| | | | ☐ I request t | hat my fee be waive | ed (You may request this option | only if you are filing for Chapter 7. By law, a judge or income is less than 150% of the official poverty l | | | |
| | | | applies to | our family size and | you are unable to pay the fee in | installments). If you choose this option, you must ial Form 103B) and file it with your petition. | | | |
| | | | | | | | | | |
| 9. | | you filed for ruptcy within the | ■ No. | | | | | | |
| | | years? | ☐ Yes. | | | | | | |
| | | | Distri | et | When | Case number | | | |
| | | | Distri | ct | When | Case number | | | |
| | | | Distri | et | When | Case number | | | |
| 10. | Are a | ny bankruptcy | ■ No | | | | | | |
| | filed not fi you, | s pending or being by a spouse who is ling this case with or by a business ler, or by an ate? | ☐ Yes. | | | | | | |
| | | | Debto | r | | Relationship to you | | | |
| | | | Distri | et | When | Case number, if known | | | |
| | | | Debto | r | | Relationship to you | | | |
| | | | Distri | ct | When | Case number, if known | | | |
| 11. | | ou rent your | ■ No. Go t | o line 12. | | | | | |
| | resid | ence? | | your landlord obtaine | ed an eviction judgment agains | you and do you want to stay in your residence? | | | |
| | | | | No. Go to line 12. | | | | | |
| | | | | Yes. Fill out <i>Initia</i> bankruptcy petition | | ludgment Against You (Form 101A) and file it with | this | | |

| Deb | otor 1 Jason K. Kinder, | Jr. | | Case number (if known) | | | | |
|-----|---|---------------------|---|--|--|--|--|--|
| | | | | | | | | |
| ar | Report About Any Bu | ısinesses | You Own as a S | Sole Proprietor | | | | |
| 2. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | | | | | |
| | | ☐ Yes. | Name and loo | ocation of business | | | | |
| | A sole proprietorship is a | | | | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of busi | | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Stre | eet, City, State & ZIP Code | | | | |
| | it to this petition. | | Check the ap | ppropriate box to describe your business: | | | | |
| | · | | ☐ Health | th Care Business (as defined in 11 U.S.C. § 101(27A)) | | | | |
| | | | ☐ Single | le Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) | | | | |
| | | | ☐ Stock | kbroker (as defined in 11 U.S.C. § 101(53A)) | | | | |
| | | | ☐ Comn | modity Broker (as defined in 11 U.S.C. § 101(6)) | | | | |
| | | | □ None | e of the above | | | | |
| | Chapter 11 of the Bankruptcy Code and are you a small business debtor? | operation in 11 U.S | ns, cash-flow state S.C. 1116(1)(B). | that you are a small business debtor, you must attach your most recent balance sheet, statement of tement, and federal income tax return or if any of these documents do not exist, follow the procedure | | | | |
| | For a definition of small | ■ No. | I am not filing | I am not filing under Chapter 11. | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing und Code. | nder Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | | | |
| | | ☐ Yes. | I am filing und | nder Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| | | | | | | | | |
| | <u> </u> | Have Any | y Hazardous Pro | operty or Any Property That Needs Immediate Attention | | | | |
| 4. | Do you own or have any property that poses or is | ■ No. | | | | | | |
| | alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is the haza | zard? | | | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | If immediate atte | | | | | |
| | | | | | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs | | Where is the pro | roperty? | | | | |
| | urgent repairs? | | | Number, Street, City, State & Zip Code | | | | |
| | | | | | | | | |
| | | | | | | | | |

Debtor 1 Jason K. Kinder, Jr.

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

] Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Official Form 101

| Deb | otor 1 Jason K. Kinder, | Jr. | | Case number (if known) | | | | | |
|-----|--|---|--|---|-------------------------|---|--|--|--|
| Par | t 6: Answer These Quest | ions for Re | eporting Purposes | | | | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) individual primarily for a personal, family, or household purpose." | | | | | | |
| | | | ☐ No. Go to line 16b. | | | | | | |
| | | | Yes. Go to line 17. | | | | | | |
| | | 16b. | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | | |
| | | 16c. | State the type of debts you o | owe that are not consumer de | ebts or business del | ots | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter | r 7. Go to line 18. | | | | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenare paid that funds will be available to distribute to unsecured creditors? | | | | | |
| | administrative expenses are paid that funds will | | ■ No | | | | | | |
| | be available for distribution to unsecured creditors? | | ☐ Yes | | | | | | |
| 18. | How many Creditors do you estimate that you owe? | ■ 1-49 □ 50-99 □ 100-19 □ 200-99 | | ☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000 | | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 | | | |
| 19. | How much do you estimate your assets to be worth? | \$100,0 | 50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million | □ \$1,000,001 - \$10 0 □ \$10,000,001 - \$50 □ \$50,000,001 - \$10 □ \$100,000,001 - \$5 |) million 00 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | |
| 20. | How much do you estimate your liabilities to be? | □ \$0 - \$3 □ \$50,0 ■ \$100,0 | · | \$1,000,001 - \$10 0 \$10,000,001 - \$50 \$50,000,001 - \$10 \$100,000,001 - \$5 |) million 00 million | \$500,000,001 - \$1 billion \$1,000,000,001 - \$10 billion \$10,000,000,001 - \$50 billion More than \$50 billion | | | |
| Par | t 7: Sign Below | | | | | | | | |
| For | you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. | | | | | | | |
| | | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | | | | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | | |
| | | I request | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | | |
| | | bankrupto and 3571 | cy case can result in fines up | | | perty by fraud in connection with a , or both. 18 U.S.C. §§ 152, 1341, 1519, | | | |
| | | Jason k | K. Kinder, Jr. | Sign | ature of Debtor 2 | | | | |
| | | Executed | on April 20, 2017 MM / DD / YYYY | Exec | cuted on MM / DD |)/YYYY | | | |
| | | | | | | | | | |

| Debtor 1 _ J | Jason K. Kinder, Jr. | Case number (if known) | |
|---------------------|----------------------|------------------------|--|
| | | | |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Scott W. Paris | Date | April 20, 2017 |
|--|---------------|-------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Scott W. Paris Printed name | | |
| Paris Law, LLC | | |
| 409 East Avenue, Suite B Elyria, OH 44035 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (440) 252-4025 | Email address | sparis@parislawohio.com |
| 0076595 | | |
| Bar number & State | | |

| Fill | in thi | is information | to identify your | case: | | | | | | |
|-------------|---------------------|----------------------------------|--------------------------------------|--|------------------------------|---------------------------------------|---|----------|-----------|-------------------------------|
| | otor 1 | | son K. Kinder, | | | | | | | |
| | | First | Name | Middle Name | | Last Name | | | | |
| | otor 2 use if, f | | Name | Middle Name | | Last Name | | | | |
| Uni | ted St | tates Bankrupto | cy Court for the: | NORTHERN DISTR | RICT OF OH | HIO | | | | |
| | e nur | mber | | | | | | | | |
| (if kn | own) | | | | | | | | | k if this is an ded filing |
| | | | | | | | | | G | acag |
| Of | ficia | al Form 1 | 106Sum | | | | | | | |
| | | | | and Liabilities | and Ce | ertain Statisti | cal Informatio | n | | 12/15 |
| info you | rmati orig | on. Fill out all inal forms, yo | of your schedul u must fill out a | | te the infor | mation on this forn | re equally responsible. If you are filing among page. | | | |
| Par | CI: | Summarize \ | rour Assets | | | | | | | |
| | | | | | | | | | Your a | ssets of what you own |
| 1. | Sch | edule A/B: Pr | operty (Official F | orm 106A/B) | | | | | \$ | 120,000.00 |
| | | | | | | | | | * — \$ | 53,046.94 |
| | | | | | | | | | · — | <u> </u> |
| | | _ | | y on Schedule A/B | ••••• | | | | \$ | 173,046.94 |
| Par | t 2: | Summarize \ | our Liabilities | | | | | | | |
| | | | | | | | | | | abilities t you owe |
| 2. | Sch | edule D: Credi | tors Who Have C | laims Secured by Pro | pe <i>rtv</i> (Officia | al Form 106D) | | | | · |
| | | | | | | | of Part 1 of Schedule D | D | \$ | 153,968.00 |
| 3. | Sch 3a. | edule E/F: Cre Copy the total | ditors Who Have claims from Part | Unsecured Claims (O 1 (priority unsecured of | fficial Form of claims) from | 106E/F) line 6e of <i>Schedule</i> | E/F | | \$ | 0.00 |
| | 3b. | Copy the total | claims from Part | 2 (nonpriority unsecur | ed claims) f | rom line 6j of Sched | ule E/F | | \$ | 52,466.00 |
| | | | | | | | | | | |
| | | | | | | | Your total liabilit | ies \$ | | 206,434.00 |
| Par | t 3: | Summarize \ | our Income and | l Expenses | | | | | | |
| 4. | Sch | edule I: Your II | ncome (Official Fo | orm 106I) | | | | | | _ |
| | | | | | edule I | | | | \$ | 2,586.61 |
| 5. | | | Expenses (Officia expenses from I | l Form 106J) ine 22c of <i>Schedule J</i> . | | | | | \$ | 2,703.81 |
| Par | t 4: | Answer Thes | se Questions for | Administrative and | Statistical F | Records | | | | |
| 6. | Are | | | er Chapters 7, 11, or t on this part of the for | | is box and submit th | is form to the court with | n your o | ther sc | nedules. |
| 7. | ■ Wha | Yes at kind of deb | t do you have? | | | | | | | |
| | | | | sumer debts. Consul . § 101(8). Fill out line: | | | an individual primarily 3 U.S.C. § 159. | for a po | ersonal | , family, or |
| | | | re not primarily your other sched | | u have nothi | ing to report on this p | part of the form. Check | this bo | x and s | ubmit this form to |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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Best Case Bankruptcy

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

4,816.72

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|--------------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Fill | in this inforn | nation to identify | your case and th | is filinç | g: | | | | | |
|------|---------------------------|--|------------------------|--|---|---|---------------------------------|------------------|---------|---|
| Deb | otor 1 | Jason K. Kir | nder, Jr. | Name | | Last Name | | | | |
| | otor 2 use, if filing) | First Name | Middle | Name | | Last Name | | | | |
| Unit | ted States Bar | nkruptcy Court for | the: NORTHER | N DIST | RICT OF OHIC |) | | | | |
| Cas | se number _ | | | | | | | | | Check if this is an amended filing |
| Sc | hedul | rm 106A/B e A/B: Pi | roperty | | | n asset fits in more than one | | | | 12/15 |
| | | ave any legal or eq | | | | n or Have an Interest In | | | | |
| 1.1 | | on Belden Roac if available, or other des | | What | t is the property' Single-family has buplex or multing Condominium of | i-unit building | the amoun | t of any secure | d clain | r exemptions. Put ns on <i>Schedule D:</i> cured by Property. |
| | Grafton City | OH State | 44044-0000 ZIP Code | | Land | or mobile home | Current va entire pro \$1 | | | rent value of the tion you own? \$120,000.00 |
| | | | | ☐ Timeshare ☐ Other ☐ Who has an interest in the property? Check one | | Describe the nature of your ownership interes (such as fee simple, tenancy by the entireties, a life estate), if known. | | | | |
| | Lorain County | | | | | Debtor 2 only the debtors and another | | k if this is com | munit | ty property |
| | | | | | | ou wish to add about this ite | m, such as lo | ocal | | |

Official Form 106A/B Schedule A/B: Property page 1

| 1.2 / | | | | | se number (if known) | |
|-----------------------|--|---|----------------------|--|--|---|
| 1.2 / _1 | o uov 1 | wn or have more than | one. list here: | | | |
| _1 | you o | Will of flavo filoro tilan | • | at is the property? Check all that apply | | |
| | Merica | ano Resort | 1 | ☐ Single-family home | Do not deduct secured cla | aims or exemptions. Put |
| _ | | orth Atlantic Avenue | | Duplex or multi-unit building | the amount of any secured | |
| ٥ | treet addre | ss, if available, or other description | | Condominium or cooperative | Creditors Who Have Clain | пѕ Ѕесигеа ву Ргорепу. |
| | | | | _ | | |
| | | | [| Manufactured or mobile home | Current value of the | Current value of the |
| _ | | | | Land | entire property? | portion you own? |
| C | City | State | ZIP Code | ☐ Investment property | \$0.00 | \$0.00 |
| | | | ı | Timeshare | Describe the nature of ye | our ownership interest |
| | | | [| Other | (such as fee simple, tena | ancy by the entireties, or |
| | | | | o has an interest in the property? Check one | a life estate), if known. | |
| | | | | Debtor 1 only | | |
| _ | | | | Debtor 2 only | | |
| C | ounty | | L | Debtor 1 and Debtor 2 only | ☐ Check if this is com | munity property |
| | | | ı | At least one of the debtors and another | (see instructions) | ,, , |
| | | | em, such as local | | | |
| | | | _ | perty identification number: rtial Interest | | |
| | | | Wi | fe's per divorce decree | | |
| | na alaa c | | la alaa ranart it an | | | ehicles you own that |
| omeo | s, vans, lo es Make: Model: | trucks, tractors, sport u Chevrolet Equinox | tility vehicles, mo | s an interest in the property? Check one or 1 only | | aims or exemptions. Put d claims on <i>Schedule D:</i> |
| omeo Car D N | s, vans, lo les Make: Model: Year: | Chevrolet Equinox 2015 | who has | s an interest in the property? Check one or 1 only or 2 only | Do not deduct secured clause amount of any secure Creditors Who Have Claim | aims or exemptions. Put d claims on Schedule D: ms Secured by Property. Current value of the |
| omeo Car D N | s, vans, lo es Make: Model: Year: Approxin | Chevrolet Equinox 2015 | Who has Debto | s an interest in the property? Check one or 1 only | Do not deduct secured clause the amount of any secure Creditors Who Have Clair | aims or exemptions. Put d claims on <i>Schedule D:</i> ms Secured by Property. |

Official Form 106A/B

Schedule A/B: Property

page 2

Best Case Bankruptcy

| Debtor 1 | Jason K. Kii | nder, Jr. | Case number (if known) | |
|---|---|---|---|---|
| | | the portion you own for all of your entries from ed for Part 2. Write that number here | | \$18,000.00 |
| Port 2 | Dogariba Vaur Baras | onal and Household Items | | |
| | | egal or equitable interest in any of the following | items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| <i>Exam</i> □ No | , , , , , , | turnishings nces, furniture, linens, china, kitchenware | | |
| | | Household Goods and Furnishings | | \$1,500.00 |
| □ No | ples: Televisions a including cell | nd radios; audio, video, stereo, and digital equipme phones, cameras, media players, games | nt; computers, printers, scanners; music co | ollections; electronic devices |
| | | Electronics | | \$1,000.00 |
| Exam ■ No | other collecti | figurines; paintings, prints, or other artwork; books, ons, memorabilia, collectibles | pictures, or other art objects; stamp, coin, | or baseball card collections; |
| Exam ■ No | musical instr | graphic, exercise, and other hobby equipment; bicy | cles, pool tables, golf clubs, skis; canoes a | nd kayaks; carpentry tools; |
| ■ No | mples: Pistols, rifle | s, shotguns, ammunition, and related equipment | | |
| I1. Cloth <i>Exai</i> □ No | nes <i>mples:</i> Everyday cl | othes, furs, leather coats, designer wear, shoes, acc | cessories | |
| | | Clothing | | \$100.00 |
| ☐ No | <i>mples:</i> Everyday je | welry, costume jewelry, engagement rings, wedding | । rings, heirloom jewelry, watches, gems, go | old, silver |
| | | Costume Jewelry | | \$200.00 |
| <i>Exai</i> ■ No | farm animals mples: Dogs, cats, | birds, horses | | |

Official Form 106A/B Schedule A/B: Property

page 3

| Debtor 1 | Jason K. Kinder, Jr | r | Case number (if known) | |
|-------------------|--|-----------------------|---|--|
| 14. Any o | ther personal and house | ehold items you did | not already list, including any health aids you did not list | |
| ■ No | | | | |
| ⊔ Yes | . Give specific information | ٦ | | |
| | | • | Part 3, including any entries for pages you have attached | \$2,800.00 |
| D-// D | | • | L | |
| | escribe Your Financial Asse wn or have any legal or o | | n any of the following? | Current value of the |
| , | , | | , | portion you own? Do not deduct secured claims or exemptions. |
| ☐ No | nples: Money you have in y | • | ome, in a safe deposit box, and on hand when you file your petitio | n |
| _ 103 | | | Cash | \$368.00 |
| | | | | |
| | | | ounts; certificates of deposit; shares in credit unions, brokerage h s with the same institution, list each. | ouses, and other similar |
| ■ Yes | | | Institution name: | |
| | 17.1. | Checking | Huntington | \$323.59 |
| | | | | |
| | 17.2. | Savings | Huntington Bank | \$50.00 |
| | 17.3. | Checking | Firefighter's Credit Union | \$0.35 |
| | 17.4. | Savings | Firefighter's Credit Union | \$5.00 |
| 18. Bond : | s, mutual funds, or publi | icly traded stocks | | |
| Exam | | | okerage firms, money market accounts | |
| ■ No □ Yes | | Institution or issuer | name: | |
| | oublicly traded stock and venture | d interests in incorp | orated and unincorporated businesses, including an interest | in an LLC, partnership, and |
| ■ No □ Yes | . Give specific information | n about them | | |
| | | ame of entity: | % of ownership: | |
| Nego | tiable instruments include | personal checks, cas | otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them. | |
| ■ No | 0 | | | |
| ⊔ Yes | . Give specific information Iss | about them suer name: | | |
| | ement or pension accoun | | 403(b), thrift savings accounts, or other pension or profit-sharing p | olans |
| | . List each account separa | ately. | | |
| Official Fo | • | , | Schedule A/B: Property | page 4 |

17-12260-jps Doc 1 FILED 04/20/17 ENTERED 04/20/17 11:57:03 Page 13 of 65

Best Case Bankruptcy

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| Debtor 1 | Jason K. Kinder, Jr. | | Case number (if known) | | | |
|----------------------------|--|--|------------------------------|--|--|--|
| | | Type of account: | Institution name: | | | |
| | | Pension Plan through Union | Pension Plan | | Unknown | |
| Your Exam ■ No | | d deposits you have made so the | | s, water), telecommunications companies, | or others | |
| 23. Annui | • | r a periodic payment of money to | o you, either for life or fo | or a number of years) | | |
| ■ Yes | lss | uer name and description. | | | | |
| | Ar | nnuity through Employer | | | \$30,000.00 | |
| | | n IRA, in an account in a qual 29A(b), and 529(b)(1). | ified ABLE program, c | or under a qualified state tuition prograr | n. | |
| | Ins | stitution name and description. S | Separately file the record | ds of any interests.11 U.S.C. § 521(c): | | |
| ■ No | • | , . | er than anything listed | in line 1), and rights or powers exercise | able for your benefit | |
| | · | ormation about them | -41 | anti- | | |
| Exam ■ No | pples: Internet dom | ademarks, trade secrets, and can names, websites, proceeds ormation about them | | | | |
| Exam ■ No | nples: Building perr | · | ative association holdinç | gs, liquor licenses, professional licenses | | |
| | property owed to | ormation about them | | | Current value of the | |
| money of | property office to | | | | portion you own? Do not deduct secured claims or exemptions. | |
| | funds owed to yo | ou | | | | |
| ■ No □ Yes | . Give specific info | rmation about them, including w | hether you already filed | I the returns and the tax years | | |
| 29. Famil y Exam | y support oples: Past due or I | ump sum alimony, spousal supp | port, child support, main | stenance, divorce settlement, property settl | lement | |
| ☐ Yes | . Give specific info | rmation | | | | |
| Exam | | | | k pay, vacation pay, workers' compensation | on, Social Security | |
| ■ No □ Yes | . Give specific info | ormation | | | | |
| Exam | sts in insurance paples: Health, disab | | vings account (HSA); cr | redit, homeowner's, or renter's insurance | | |
| ■ No □ Yes | . Name the insurar | nce company of each policy and Company name: | list its value. | Beneficiary: | Surrender or refund | |
| Official For | | | Schedule A/B: Property | | page 5 | |
| Software Copy | rignt (c) 1996-2016 Bes | t Case, LLC - www.bestcase.com | | | Best Case Bankruptcy | |

| Debtor | Jason K. Kin | der, Jr. | Case number (if known) | |
|---------------------------------|--|---|--|---|
| | | | | value: |
| If you son | ou are the beneficiar neone has died. | | died insurance policy, or are currently entitled to rec | eive property because |
| | | rties, whether or not you have filed a law | | |
| ■ No | | nployment disputes, insurance claims, or rig | hts to sue | |
| | | | ling counterclaims of the debtor and rights to | o set off claims |
| ■ No | o es. Describe each cl | aim | | |
| ` | - | u did not already list | | |
| ■ No | o es. Give specific info | ormation | | |
| | | of all of your entries from Part 4, including | any entries for pages you have attached | \$30,746.94 |
| Part 5: | Describe Any Busines | ss-Related Property You Own or Have an Intere | st In. List any real estate in Part 1. | |
| - | ou own or have any le | gal or equitable interest in any business-related | l property? | |
| ■ Yes | s. Go to line 38. | | | |
| | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 38. Acc ■ No | | commissions you already earned | | |
| | es. Describe | | | |
| Exa ■ No | amples: Business-rela | shings, and supplies ated computers, software, modems, printers, | copiers, fax machines, rugs, telephones, desks | , chairs, electronic devices |
| | | uipment, supplies you use in business, a | nd tools of your trade | |
| | | | | |
| | | Tools - Work | | \$1,500.00 |
| 41. Inve ■ No □ Ye | - | | | |
| | rests in partnership | os or joint ventures | | |
| ■ No | | ormation about them Name of entity: | % of ownership: | |
| Official E | Form 106A/B | Schedule A/F | : Property | nage f |

17-12260-jps Doc 1 FILED 04/20/17 ENTERED 04/20/17 11:57:03 Page 15 of 65

Best Case Bankruptcy

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| Jason K. Kinder, Jr. | | Case number (ii known) | |
|---|--|--|--|
| <u> </u> | | | |
| | | | |
| No. | | | |
| Do your lists include personally identifiable information (as defined in 1 | 11 U.S.C. § 101(41A))? | | |
| ■ No | | | |
| ☐ Yes. Describe | | | |
| ny husiness-related property you did not already list | | | |
| | | | |
| *** | | | |
| | | | 1 |
| · | | | \$1,500.00 |
| | | | |
| Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In. | |
| o you own or have any legal or equitable interest in any farm- | or commercial fishir | ng-related property? | |
| No. Go to Part 7. | | | |
| Yes. Go to line 47. | | | |
| 7: Describe All Property You Own or Have an Interest in That You | u Did Not List Above | | |
| o you have other property of any kind you did not already list | ? | | |
| | | | |
| No | | | |
| Yes. Give specific information | | | |
| Add the dollar value of all of your entries from Part 7. Write th | at number here | | \$0.00 |
| | | <u> </u> | |
| List the Totals of Each Part of this Form | | | |
| Part 1: Total real estate, line 2 | | | \$120,000.00 |
| Part 2: Total vehicles, line 5 | \$18,000.00 | | |
| Part 3: Total personal and household items, line 15 | \$2,800.00 | | |
| Part 4: Total financial assets, line 36 | \$30,746.94 | | |
| Part 5: Total business-related property, line 45 | \$1,500.00 | | |
| Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| Part 7: Total other property not listed, line 54 + | \$0.00 | | |
| | | | |
| Total personal property. Add lines 56 through 61 | \$53,046.94 | Copy personal property total | \$53,046.94 |
| | No Yes. Describe Any business-related property you did not already list No Yes. Give specific information Add the dollar value of all of your entries from Part 5, includir for Part 5. Write that number here | Customer lists, mailing lists, or other compilations No. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe Any business-related property you did not already list No Yes. Give specific information Add the dollar value of all of your entries from Part 5, including any entries for page for Part 5. Write that number here | Customer lists, mailing lists, or other compilations No. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No |

Official Form 106A/B Schedule A/B: Property page 7

Doc ID: 0: Kind: DEEDS 019152600002 Type: OFF

Recorded: 01/29/2016 at 01:23:28 PM Fee Amt: \$28.00 Page 1 of 2

Lorain County, Ohio Judith M Nedwick County Recorder

F11e 2016-0573809

TRANSFERRED

IN COMPLIANCE WITH SEC. 319-202 JAN 2 9 2016 483.60

2016 JAN 29 P 1: 16

000373

J. CRAIG SNODGRASS, CPA, CGFM

LORAIN COUNTY AUDITOR

General Warranty Deed

Know all Men by these Presents, that Christine A. Clapper, single, the Grantov, who claims title by or through instrument recorded as Instrument No. 2015-0565086, Lorain County Recorder's Office, for the consideration of Ten Dollars (\$10.00), received to her full satisfaction of Jason K. Kinder, Jr., single, the Grantee, whose tax mailing address is 15239 Avon Belden Road, Grafton, Ohio 44044, does hereby give, grant, bargain, sell and convey unto the said Grantee, his heirs, executors, administrators, successors and assigns, the following described premises:

Situated in the Township of Grafton, County of Lorain and State of Ohio and known as being a part of Original Township Lot 15, bounded and described as follows:

Beginning at a point in the center of Avon-Belden Road, 60.00 feet in width, and on the Westerly line of Original Section 15 and at the Northwest corner of premises as deeded to E.L. Beane and Gradys Beane by deed dated January 12, 1955 and recorded in Deed Volume 619, Page 188 of Lorain County Record of Deeds;

Thence North 0° 7' Bast along the Westerly line of Lot 15 and the center of the Avon-Belden Road a distance of 600.00 feet to a point and the principal place of beginning of the premises herein described;

Thence South 89° 53' East, passing through an iron pin on the Easterly line of Avon-Belden Road a distance of 300 feet to an iron pin;

Thence North 0° 7' East a distance of 100.00 feet to an iron pin;

Thence North 89° 53' West passing through an iron pin on the Easterly line of the Avon-Belden Road a distance of 300.00 feet to a point in the center of said road and the Westerly line of Original Lot 15;

Thence South 0° 7' West along the centerline of said road and the Westerly line of Lot 15, a distance of 100.00 feet to a point and the principal place of beginning of the premises herein described.

Containing within said bounds 0.688 acre of land, be the same more or less, but subject to all legal highways.

> Legal description reviewed by callo per ORC, Section 5713.09

Permanent Parcel No. 16-00-015-000-007

To have and to hold the above granted and bargained premises, with the appurtenances thereof, unto the said Grantee, his heirs, executors, administrators, successors and assigns forever.

And the said Grantor, for herself and her heirs, executors, administrators, successors and assigns, covenants with the said Grantee, his heirs, executors, administrators, successors and assigns, that at and until the ensealing of these presents, she is well seized of the above described premises as a good and indefeasible estate in fee simple, and has good right to bargain and sell the same in manner and form as above written, and that the same are free from all liens and encumbrances whatsoever, except restrictions, conditions, and easements (however created), including without limitation subsurface rights, encroachments, zoning and building ordinances and regulations and real estate taxes and assessments not yet due and payable, and that she will warrant and defend said premises, with the appurtenances thereunto belonging, to the said Grantee, his heirs, executors, administrators, successors and assigns, against all lawful claims and demands whatsoever except as mentioned above.

Executed at Lorain, Ohio on this

Box:

115–3820 Title Agency, Ltd.

6155 Park Square Drive, Suite 8 Lorain, Ohio 44053

:SS

State of Ohio

County of Lorain

On this W day of , 2016, before me, a Notary Public, in and for said County and State, personally came Christine A. Clapper, the Grantor in the foregoing deed, who acknowledged that he executed the foregoing instrument and the same is her free agt and deed.

Notary Public

This Instrument Prepared by: Trigilio & Stephenson, P.L.L., 1750 Cooper Foster Park Road, Suite 102 Lorain, Ohio 44053-4132 440) 988-9500

ANTHONY C. YACOBOZZI NOTARY PUBLIC FOR THE STATE OF OHIO

My Commission Expires March 22, 2016

EXAMCO TITLE SERVICES 6155 PARK SQUARE DRIVE UNIT 3 SUITE 3 LORAIN, OH 44053

2

| Fill in this information to identify your case: | | | | | | |
|---|-------------------------|-------------------|-----------|--|-----------------------|--|
| Debtor 1 | Jason K. Kinder, | Jr. | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bar | nkruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | | |
| Case number | | | | | ☐ Check if this is an | |
| | | | | | amended filing | |
| | | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemption | ons are you claiming | ? Check one only | even if your | spouse is filing with you. |
|----|------------------------|----------------------|------------------|--------------|----------------------------|
|----|------------------------|----------------------|------------------|--------------|----------------------------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption | |
|--|---|-----------------------------------|---|---|--|
| | Copy the value from Schedule A/B | Ched | ck only one box for each exemption. | | |
| 15239 Avon Belden Road Grafton, OH 44044 Lorain County | \$120,000.00 | | \$0.00 | Ohio Rev. Code Ann. § 2329.66(A)(1) | |
| Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(A)(1) | |
| Household Goods and Furnishings Line from Schedule A/B: 6.1 | \$1,500.00 | | \$1,500.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) | |
| Line Holli Schedule Arb. V.1 | | | 100% of fair market value, up to any applicable statutory limit | 2323.00(A)(4)(a) | |
| Electronics Line from Schedule A/B: 7.1 | \$1,000.00 | | \$1,000.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) | |
| Ellio IIOIII Gonedale 775. TT | | | 100% of fair market value, up to any applicable statutory limit | 202000(13)(17)(2) | |
| Clothing Line from Schedule A/B: 11.1 | \$100.00 | | \$100.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) | |
| Line Holli Schedule A.D. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(A)(4)(a) | |
| Costume Jewelry Line from Schedule A/B: 12.1 | \$200.00 | | \$200.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(b) | |
| LING HOTH GONEGUIE AVD. 12-1 | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(~)(~)(0) | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

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Best Case Bankruptcy

| | | | Case number (if known) | |
|---|--------------------------------------|-----|---|--|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| Cash Line from <i>Schedule A/B</i> : 16.1 | \$368.00 | | \$368.00 | Ohio Rev. Code Ann. § 2329.66(A)(3) |
| | | | 100% of fair market value, up to any applicable statutory limit | , , , , , , , , , , , , , , , , , , , |
| Checking: Huntington Line from Schedule A/B: 17.1 | \$323.59 | | \$107.00 | Ohio Rev. Code Ann. § 2329.66(A)(3) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: Huntington Line from Schedule A/B: 17.1 | \$323.59 | | \$216.59 | Ohio Rev. Code Ann. § 2329.66(A)(18) |
| | | | 100% of fair market value, up to any applicable statutory limit | · · · · |
| Savings: Huntington Bank | \$50.00 | | \$50.00 | Ohio Rev. Code Ann. § 2329.66(A)(18) |
| and nom deficulte A.E. 1112 | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(//)(//0) |
| Checking: Firefighter's Credit Union in in in in inches | \$0.35 | | \$0.35 | Ohio Rev. Code Ann. § 2329.66(A)(18) |
| and non concade /v2. | | | 100% of fair market value, up to any applicable statutory limit | 2020103(1.1)(1.0) |
| Savings: Firefighter's Credit Union in Erom Schedule A/B: 17.4 | \$5.00 | • | \$5.00 | Ohio Rev. Code Ann. § 2329.66(A)(18) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Pension Plan through Union: | Unknown | | \$0.00 | Ohio Rev. Code Ann. § 2329.66(A)(10)(b) |
| ine from Schedule A/B: 21.1 | | | 100% of fair market value, up to any applicable statutory limit | 2020100(1.1)(1.0)(1.0) |
| Annuity through Employer ine from Schedule A/B: 23.1 | \$30,000.00 | | \$30,000.00 | Ohio Rev. Code Ann. § 2329.66(A)(10)(c) |
| and non conceded /vB. 2911 | | | 100% of fair market value, up to any applicable statutory limit | |
| Fools - Work Line from Schedule A/B: 40.1 | \$1,500.00 | | \$1,500.00 | Ohio Rev. Code Ann. § 2329.66(A)(5) |
| Conodato / V.D. TOIT | | | 100% of fair market value, up to any applicable statutory limit | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

| Fill in this information to identif | y your case: | | | | |
|--|---|--------------------------------|--|--------------------------|---------------------|
| Debtor 1 Jason K. K | | | | | |
| First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court fo | or the: NORTHERN DIST | RICT OF OHIO | | | |
| Officed States Bankruptcy Court to | of the. | TRIOT OF OTHO | | | |
| Case number | | | | | |
| (if known) | | | | | if this is an |
| | | | | amend | led filing |
| Official Form 106D | | | | | |
| Schedule D: Credit | ors Who Have (| Claims Secured | d by Propert | V | 12/15 |
| Be as complete and accurate as pos | | | | | tion. If more space |
| is needed, copy the Additional Page, number (if known). | | | | | |
| 1. Do any creditors have claims secu | red by your property? | | | | |
| ☐ No. Check this box and su | | th your other schedules. Yo | ou have nothing else t | o report on this form. | |
| Yes. Fill in all of the inform | | an year earer concacted the | ou navo noug oloo t | | |
| | | | | | |
| Part 1: List All Secured Clain | | | Column A | Column B | Column C |
| List all secured claims. If a creditor for each claim. If more than one credit | | | Amount of claim | Value of collateral | Unsecured |
| much as possible, list the claims in alp | | | Do not deduct the value of collateral. | that supports this claim | portion If any |
| 2.1 Capital One | Describe the property | that secures the claim: | \$9,807.00 | \$6,000.00 | \$3,807.00 |
| Creditor's Name | 2015 Yamaha 450 | | | <u> </u> | |
| | 2 ATV's | | | | |
| P.O. Box 30253 | As of the date you file | , the claim is: Check all that | | | |
| Salt Lake City, UT 8413 | apply. ☐ Contingent | | | | |
| Number, Street, City, State & Zip Coo | | | | | |
| | ☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check | all that apply. | | | |
| ■ Debtor 1 only | An agreement you n | nade (such as mortgage or sec | cured | | |
| Debtor 2 only | car loan) | | | | |
| Debtor 1 and Debtor 2 only | _ ' ' | as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and and ☐ Check if this claim relates to a | other ☐ Judgment lien from☐ Other (including a ri | | | | |
| community debt | Other (including a n | gni to onset) | | | |
| Date debt was incurred | Last 4 digits of | account number 0839 | | | |
| | | | | | |
| Firefighters Community | / | | | | • |
| Credit Union | Describe the property | that secures the claim: | \$23,204.00 | \$12,000.00 | \$11,204.00 |
| Creditor's Name | 2015 Chevrolet E | quinox 65000 miles | | | |
| | | | | | |
| 2300 Saint Clair Ave NE | As of the date you file apply. | , the claim is: Check all that | | | |
| Cleveland, OH 44114 | Contingent | | | | |
| Number, Street, City, State & Zip Coo | de Unliquidated | | | | |
| | Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check | | | | |
| Debtor 1 only | An agreement you n car loan) | nade (such as mortgage or sec | cured | | |
| Debtor 2 only | _ ′ | on toy line and bear 1 . P Y | | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and and | | as tax lien, mechanic's lien) | | | |
| ☐ Check if this claim relates to a | Other (including a ri | | | | |
| community debt | — Saler (moldding a ri | | | | |
| Date debt was incurred | I ast 4 digits of | account number 1591 | | | |
| | | 1001 | | | |

Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

| Debtor 1 Jason K. Kinder, Jr. | | Case number (if know) | | | | | |
|--|--|-----------------------|--------------|----------|--|--|--|
| First Name Middle N | Name Last Name | | | | | | |
| 2.3 Wells Fargo Home | Describe the property that secures the claim: | \$120,957.00 | \$120,000.00 | \$957.00 | | | |
| Creditor's Name | 15239 Avon Belden Road Grafton, OH 44044 Lorain County | | | | | | |
| P.O. Box 10335 Des Moines, IA 50306-0335 | As of the date you file, the claim is: Check all that apply. Contingent | | | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | | | |
| ■ Debtor 1 only □ Debtor 2 only | An agreement you made (such as mortgage or s car loan) | ecured | | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | | | |
| lacksquare At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | | | | |
| Date debt was incurred | Last 4 digits of account number | | | | | | |
| Add the dollar value of your entries in | Column A on this page. Write that number here: | \$153,968 | 00 | | | | |
| If this is the last page of your form, add | | \$153,968 | | | | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Write that number here:

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

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| Fill in this | information to identify your o | ase: | | | | |
|---|---|---|---|---|---|---|
| Debtor 1 | Jason K. Kinder, | Jr. Middle Name | Last Name | | | |
| Debtor 2 | | | | | _ | |
| (Spouse if, filin | | Middle Name | Last Name | | | |
| United Stat | es Bankruptcy Court for the: | NORTHERN DISTRICT (| OF OHIO | | _ | |
| Case numb (if known) | per | | | | | theck if this is an mended filing |
| Schedu Be as comple any executor Schedule G: | Form 106E/F Ile E/F: Creditors W ete and accurate as possible. Using contracts or unexpired leases Executory Contracts and Unexpi | e Part 1 for creditors with PR that could result in a claim. red Leases (Official Form 10 | IORITY claims and I Also list executory (6G). Do not include | ontracts on Schedule any creditors with pa | e A/B: Property (Offici rtially secured claims | al Form 106A/B) and on that are listed in |
| left. Attach the name and ca | Creditors Who Have Claims Secure Continuation Page to this page se number (if known). | e. If you have no information | | | | |
| | List All of Your PRIORITY Un | | | | | |
| • | creditors have priority unsecured Go to Part 2. | i ciaims against you? | | | | |
| | 30 to Part 2. | | | | | |
| ☐ Yes. | List All of Your NONPRIORIT | V Unsecured Claims | | | | |
| | creditors have nonpriority unsec | | | | | |
| _ | You have nothing to report in this pa | | rtith | dulaa | | |
| Yes. | rou nave nothing to report in this pa | art. Submit this form to the coul | t with your other sche | aules. | | |
| unsecur | of your nonpriority unsecured cla ed claim, list the creditor separately e creditor holds a particular claim, li | for each claim. For each claim | listed, identify what t | ype of claim it is. Do no | ot list claims already inc | cluded in Part 1. If more |
| | | | | | | Total claim |
| 4.1 A n | nerican Express | Last 4 digits of | of account number | 5793 | | \$1,096.00 |
| P.0 | npriority Creditor's Name O. Box 981535 | When was the | e debt incurred? | | | |
| Nur | Paso, TX 79998-1535 mber Street City State Zlp Code o incurred the debt? Check one. | As of the date | you file, the claim | s: Check all that apply | | |
| _ | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidate | | | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | ☐ Uniquidate | zu . | | | |
| | At least one of the debtors and and | • | PRIORITY unsecured | d claim: | | |
| | Check if this claim is for a comn | | | | | |
| dek | | | s arising out of a sepa | ration agreement or di | vorce that you did not | |
| | - | | | g plans, and other sim | ilar debts | |
| | Yes | Other. Spe | cify Credit Card | I | | |

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Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 7

48892 Best Case Bankruptcy

| Best Buy/CBNA Nonpriority Creditor's Name | Last 4 digits of account number 0475 | \$1,105.0 |
|---|--|------------|
| PO Box 6497 | When was the debt incurred? | |
| Sioux Falls, SD 57117 | | |
| Number Street City State ZIp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐Yes | Other. Specify Charge Card | |
| Capital One | Last 4 digits of account number 6428 | \$3,030.00 |
| Nonpriority Creditor's Name | | |
| P.O. Box 30285 | When was the debt incurred? | |
| Salt Lake City, UT 84130 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | The of the date year me, the damine. One of an that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| s the claim subject to offset? | report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| □ Yes | Other. Specify Credit Card | |
| Capital One | Last 4 digits of account number 2096 | \$1,830.00 |
| Nonpriority Creditor's Name | When was the debt insurred? | |
| P.O. Box 30285 | When was the debt incurred? | |
| Salt Lake City, UT 84130 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | , | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| □ Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Student loans | |
| ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| s the claim subject to offset? | report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| □ Yes | ■ Other. Specify Credit Card | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 7

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Best Case Bankruptcy

| Debto | or 1 Jason K. Kinder, Jr. | Case number (if know) | |
|-------|---|---|------------|
| 4.5 | Chase Card Nonpriority Creditor's Name | Last 4 digits of account number 5728 | \$3,825.00 |
| | PO Box 15298 Wilmington, DE 19850 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | |
| 4.6 | Chase Card | Last 4 digits of account number 1305 | \$2,278.00 |
| | Nonpriority Creditor's Name PO Box 15298 | When was the debt incurred? | · |
| | Wilmington, DE 19850 | when was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | | | |
| | ☐ Yes | ■ Other. Specify Credit Card | |
| 4.7 | Citicards CBNA | Last 4 digits of account number 6090 | \$2,821.00 |
| | Nonpriority Creditor's Name PO Box 6241 Signary Falls, SD 57117 | When was the debt incurred? | |
| | Sioux Falls, SD 57117 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 3 of 7

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| Debto | Jason K. Kinder, Jr. | Case number (if know) | |
|----------|---|--|------------|
| 4.8 | Discover Financial Services LLC | Last 4 digits of account number 3923 | \$5,197.00 |
| | Nonpriority Creditor's Name P.O. Box 15316 Wilmington, DE 19850 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | Other Specify Credit Card | |
| 4.9 | Elizabeth Geffert | Last 4 digits of account number N/A | \$0.00 |
| | Nonpriority Creditor's Name | | |
| | 2660 W 32nd PI Cleveland, OH 44113 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ☐ Other. Specify | |
| | | Child Support Obligee | |
| 4.4 | Firefighters Community Credit | | |
| 4.1 0 | Union | Last 4 digits of account number 0003 | \$1,227.00 |
| | Nonpriority Creditor's Name 2300 Saint Clair Ave NE | When was the debt incurred? | |
| | Cleveland, OH 44114 | | |
| | Number Street City State ZIp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | | | |
| | ☐ Yes | ■ Other. Specify Credit Card | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 4 of 7

| Flooring Solutions | Last 4 digits of account number 6161 | \$4,723.0 |
|---|---|------------|
| Nonpriority Creditor's Name B00 Walnut Street Des Moines, IA 50309 | When was the debt incurred? | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community debt s the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| ⊒ Yes | ■ Other. Specify Charge Card | |
| anding Club Comparation | Last 4 digits of account number 7732 | ¢40.540.0 |
| Lending Club Corporation Nonpriority Creditor's Name 71 Stevenson Suite 300 | Last 4 digits of account number | \$18,512.0 |
| San Francisco, CA 94105 | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt s the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Unsecured | |
| Synchorny/Levin Furniture | Last 4 digits of account number 6090 | \$5,000.0 |
| Nonpriority Creditor's Name P.O. Box 965036 | When was the debt incurred? 2015 | |
| Orlando, FL 32896 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| □ Yes | ■ Other. Specify Credit Card | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 5 of 7

| Debtor | ¹ Jason K. | Kinder, Jr. | | Case r | number (if know) | | | | | |
|--------------|---|--|--|-------------------|---|---------------------|--|--|--|--|
| 4.1 | Synchrony | Bank/Lowes | Last 4 digits of account number | 6503 | · | \$424.00 | | | | |
| <u>·</u> | Nonpriority Cre PO Box 965 | 5005 | When was the debt incurred? | | | | | | | |
| | | L 32896 City State Zlp Code the debt? Check one. | As of the date you file, the claim | i s: Check | k all that apply | | | | | |
| | ■ Debtor 1 on | | ☐ Contingent | | | | | | | |
| | _ | • | | | | | | | | |
| | ☐ Debtor 2 on | • | ☐ Unliquidated | | | | | | | |
| | | d Debtor 2 only | ☐ Disputed | ماماس، | | | | | | |
| | _ | e of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | a ciaiin: | | | | | | |
| | ☐ Check if the | is claim is for a community | _ | | | | | | | |
| | | ubject to offset? | Obligations arising out of a separeport as priority claims | iration ag | greement or divorce that you did not | | | | | |
| | ■ No | , | Debts to pension or profit-sharing | a plans | and other similar debts | | | | | |
| | | | · | | and other eliminar debte | | | | | |
| | ☐ Yes | | Other. Specify Credit Card | 1 | | | | | | |
| 4.1 5 | THD/CBNA | | Last 4 digits of account number | 2044 | | \$1,398.00 | | | | |
| <u> </u> | Nonpriority Cre P.O. Box 64 | | When was the debt incurred? | | | | | | | |
| | | s, SD 57117-6497 | | | | | | | | |
| | | City State Zlp Code | As of the date you file, the claim | is: Check | k all that apply | | | | | |
| | Who incurred | the debt? Check one. | | | | | | | | |
| | Debtor 1 on | ıly | ☐ Contingent | ☐ Contingent | | | | | | |
| | Debtor 2 on | lly | ☐ Unliquidated | | | | | | | |
| | Debtor 1 an | d Debtor 2 only | ☐ Disputed | | | | | | | |
| | ☐ At least one of the debtors and another | | Type of NONPRIORITY unsecured claim: | | | | | | | |
| | ☐ Check if th | is claim is for a community | ☐ Student loans | | | | | | | |
| | debt | ubject to offset? | Obligations arising out of a separeport as priority claims | ration ag | greement or divorce that you did not | | | | | |
| | ■ No | • | ☐ Debts to pension or profit-sharin | a plans. | and other similar debts | | | | | |
| | ☐ Yes | | ■ Other Specify Charge Cal | | | | | | | |
| | □ res | | Other. Specify Charge Cal | u | | | | | | |
| | his page only if | | out your bankruptcy, for a debt that y | | ady listed in Parts 1 or 2. For example, or 2, then list the collection agency h | | | | | |
| | ed for any debts | creditor for any of the debts that s in Parts 1 or 2, do not fill out or mounts for Each Type of Uns | submit this page. | tional cr | editors here. If you do not have additi | onal persons to be | | | | |
| | | certain types of unsecured clain | | eporting | purposes only. 28 U.S.C. §159. Add t | he amounts for each | | | | |
| | | | | | Total Claim | | | | | |
| | 6a. Total | Domestic support obligations | | 6a. | \$ | | | | | |
| cl from F | laims Part 1 6b. | Taxes and certain other debts | you owe the government | 6b. | ¢ 0.00 | | | | | |
| 1101111 | 6c. | | njury while you were intoxicated | 6c. | \$ <u>0.00</u> \$ 0.00 | | | | | |
| | 6d. | | ecured claims. Write that amount here. | 6d. | \$ 0.00 | | | | | |
| | 6e. | Total Priority. Add lines 6a thro | ugh 6d | 6e. | \$ 0.00 | | | | | |
| | 30. | , , , , , , , , , , , , , , , , , , , | · J | | <u> </u> | | | | | |
| | | | | e • | Total Claim | | | | | |
| | 6f. Total | Student loans | | 6f. | \$ | | | | | |
| cl from F | Part 2 6g. | Obligations arising out of a se you did not report as priority of | paration agreement or divorce that laims | 6g. | \$ 0.00 | | | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Debts to pension or profit-sharing plans, and other similar debts

Page 6 of 7

0.00

- Other. Add all other nonpriority unsecured claims. Write that amount here.
- \$ **52,466.00**

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ **52,466.00**

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|-------------------|-----------|-----------------------|
| Debtor 1 | Jason K. Kinder, | Jr. | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company wit | h whom you have the o | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------|-----------------------|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.2 | | | | | _ |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | - | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | • | | | | |
| 0 | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | Jily | | Ciaio | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

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| Fill in this | information to identify your | | | | |
|--|---|--|--|---|--|
| Debtor 1 | Jason K. Kinder, | Jr. Middle Name | Last Name | | |
| Debtor 2 | i iist ivaine | Wilddle Warne | Lastivallie | | |
| (Spouse if, filin | ng) First Name | Middle Name | Last Name | | |
| United Stat | tes Bankruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | |
| Case numb (if known) | per | | | | ☐ Check if this is an amended filing |
| | l Form 106H <mark>ule H: Your Cod</mark> | ebtors | | | 12/15 |
| people are ill it out, ar our name | | ally responsible for supp boxes on the left. Attach . Answer every question. | lying correct informatio the Additional Page to | n. If more space is nee this page. On the top o | e as possible. If two married ded, copy the Additional Page, if any Additional Pages, write |
| _ | you have any codebiors: (ii) | you are ming a joint case, t | do not list either spouse as | s a codebior. | |
| □ No | | | | | |
| Yes | | | | | |
| | nin the last 8 years, have you a, California, Idaho, Louisiana, | | | | tates and territories include |
| ■ No. | Go to line 3. | | | | |
| ☐ Yes | . Did your spouse, former spou | use, or legal equivalent live | with you at the time? | | |
| in line Form 1 | 2 again as a codebtor only if | f that person is a guaran | tor or cosigner. Make su | re you have listed the | vith you. List the person shown creditor on Schedule D (Official hedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and ZI | P Code | | Column 2: The credi | tor to whom you owe the debt that apply: |
| 2 | Jacquelin Kinder 22938 Mastick Road Apt. 3 Cleveland, OH 44126 | | | ☐ Schedule D, line ☐ Schedule E/F, lin ☐ Schedule G | ne |

Schedule H: Your Codebtors

| Fill | in this information to identify your c | ase. | | | | | | | |
|--------------------|---|-------------------------------|---|---------------------|--------------------|-----------------------------|------------------------------|---------------------------------|-------------------|
| | otor 1 Jason K. Kii | | | | | | | | |
| | otor 2 | | | | _ | | | | |
| Uni | ted States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF OHIO | | _ | | | | |
| (If kr | se number | | - | | | | nded filing ement showi | ng postpetition following date: | |
| | fficial Form 106l chedule I: Your Inc | | | | | MM / DI | D/ YYYY | | 12/15 |
| sup spo atta | is complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. 1: Describe Employment | are married and not filing wi | ng jointly, and your s ith you, do not includ | pouse i e infori | is livin mation | g with you, i about your | nclude infor spouse. If m | rmation about nore space is | t your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debte | or 2 or non- | filing spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed□ Not employed | | | | nployed et employed | | |
| | employers. | Occupation | Union Millwright | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Local 1090 | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 3615 Chester Av Cleveland, OH 4 | | | | | | |
| | | How long employed t | here? 7 Years | | | | | | |
| Par | t 2: Give Details About Mor | nthly Income | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to re | port for | any lin | e, write \$0 in | he space. In | nclude your no | n-filing |
| | u or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the information | for all e | employ | ers for that pe | rson on the | lines below. If | you need |
| | | | | | F | or Debtor 1 | | ebtor 2 or ling spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$_ | 5,785.2 | 2 \$ | N/A | - |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$_ | 0.0 | <u> </u> | N/A | - |
| 4 | Calculate gross Income. Add lin | ne 2 + line 3 | | 4 | S | 5 785 22 | \$ | N/Δ | |

| | | | | | Fo | For Debtor 1 | | | For Debtor 2 or non-filing spouse | | | |
|-----|---------------|---|------|----------|-----|--------------|---------|-------------|-----------------------------------|------|----------------|--------------|
| | Сору | / line 4 here | 4. | | \$_ | 5,78 | 5.22 | \$ | 9 | | N/A | |
| 5. | List a | all payroll deductions: | | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ١. | \$ | 1,737 | 7.41 | \$ | | ŗ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b |). | \$ | (| 0.00 | \$ | | - | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c | :. | \$ | | 0.00 | \$ | | | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d | ١. | \$ | | 0.00 | \$ | | | N/A | |
| | 5e. | Insurance | 5e | . | \$ | | 0.00 | \$ | | | N/A | |
| | 5f. | Domestic support obligations | 5f. | | \$ | | 1.95 | \$ | | | N/A | |
| | 5g. | Union dues | 5g | | \$ | | 9.25 | \$ | | | N/A | |
| | 5h. | Other deductions. Specify: | 5h | | \$ | | 0.00 | + \$ _ | | | N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$_ | 3,198 | 8.61 | \$_ | | [| N/A | |
| 7. | Calc | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$_ | 2,586 | 6.61 | \$_ | | | N/A | |
| 8. | List a 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a | 1_ | \$ | · | 0.00 | \$ | | ı | N/A | |
| | 8b. | Interest and dividends | 8b | | \$- | | 0.00 | \$ - | | | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | | | *- | | <u></u> | *- | | | 1477 | |
| | | settlement, and property settlement. | 8c | ;. | \$ | (| 0.00 | \$ | | ľ | N/A | |
| | 8d. | Unemployment compensation | 8d | l. | \$ | | 0.00 | \$ | | - 1 | N/A | |
| | 8e. | Social Security | 8e | . | \$ | | 0.00 | \$ | | - 1 | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | | \$_ | | 0.00 | \$_ | | 1 | N/A_ | |
| | 8g. | Pension or retirement income | 8g | J. | \$ | | 0.00 | \$ | | ľ | N/A | |
| | 8h. | Other monthly income. Specify: | _ 8h | 1.+ | \$ | (| 0.00 | + \$ | | ı | N/A | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | | \$_ | (| 0.00 | \$_ | | | N/A | |
| 10. | | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$_ | | 2,586.61 | + \$ | | N/A | = \$ | . | 2,586.61 |
| 11. | Include other | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a lify: | depe | | | - | | | Schedule 11. | | S | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | | | 12. | \$ | | 2,586.61 |
| 13. | Do yo | ou expect an increase or decrease within the year after you file this form No. | ? | | | | | | | | mbin onthly | ed income |
| | П | Yes. Explain: | | | | | | | | | | |

Official Form 106I Schedule I: Your Income page 2

| Fill | in this information to identify your case: | | | | |
|-------|---|---|------------------------------|---|-------------------------------|
| Deb | otor 1 Jason K. Kinder, Jr. | | Check | if this is: | |
| | <u>-uoon in ininaoi, oii</u> | | | n amended filing | |
| | ouse, if filing) | | | supplement show 3 expenses as of the | ing postpetition chapter |
| | | | | o expenses as or the | The following date. |
| Unit | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO | | M | M / DD / YYYY | |
| 1 | se number | | | | |
| (If k | nown) | | | | |
| _ | | | | | |
| 0 | fficial Form 106J | | | | |
| S | chedule J: Your Expenses | | | | 12/15 |
| info | as complete and accurate as possible. If two married people are formation. If more space is needed, attach another sheet to this formber (if known). Answer every question. | | | | |
| | t 1: Describe Your Household | | | | |
| 1. | Is this a joint case? | | | | |
| | ■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household? | | | | |
| | □ No | | | | |
| | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses fo | or Separate Househ | nold of Debtor | r 2. | |
| _ | · | • | | | |
| 2. | Do you have dependents? ■ No | | | | |
| | Do not list Debtor 1 and Debtor 2. Yes. Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | □No |
| | dependents names. | | | | Yes |
| | | | | | □ No |
| | - | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes |
| | - | | | | □ No |
| | | | | | ☐ Yes |
| 3. | Do your expenses include | | | | |
| | expenses of people other than yourself and your dependents? | | | | |
| | yoursen and your dependents: | | | | |
| | t 2: Estimate Your Ongoing Monthly Expenses | | | alamantin a Char | -t 42 tt |
| exp | timate your expenses as of your bankruptcy filing date unless you benses as of a date after the bankruptcy is filed. If this is a supple plicable date. | mental <i>Schedule</i> . | rm as a supp J, check the | box at the top of | the form and fill in the |
| | lude expenses paid for with non-cash government assistance if y | | | | |
| | value of such assistance and have included it on Schedule I: You ficial Form 106I.) | ur Income | | Your expe | nses |
| (0. | notal Form 100t.) | | | | |
| 4. | The rental or home ownership expenses for your residence. Incl payments and any rent for the ground or lot. | lude first mortgage | 4. \$ | | 751.81 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. \$ | | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. \$ | | 50.00 |
| _ | 4d. Homeowner's association or condominium dues | | 4d. \$ | | 0.00 |
| 5. | Additional mortgage payments for your residence, such as home | e equity loans | 5. \$ | | 0.00 |

| ebtor 1 | Jason k | K. Kinder, Jr. | Case num | nber (if known) | |
|----------------|--------------|---|-------------------|---------------------------------------|--------------------------|
| . Utili | ties: | | | | |
| 6a. | Electricity | y, heat, natural gas | 6a. | \$ | 120.00 |
| 6b. | | ewer, garbage collection | 6b. | \$ | 45.00 |
| 6c. | | ne, cell phone, Internet, satellite, and cable services | 6c. | \$ | 332.00 |
| 6d. | Other. Sp | pecify: | 6d. | \$ | 0.00 |
| | | sekeeping supplies | 7. | · | 300.00 |
| | | children's education costs | 8. | · · | 75.00 |
| | | dry, and dry cleaning | 9. | · | 0.00 |
| | - | products and services | 10. | · · · · · · · · · · · · · · · · · · · | 40.00 |
| | | ental expenses | 11. | · : ——— | 0.00 |
| | | Include gas, maintenance, bus or train fare. | | <u> </u> | 0.00 |
| | • | car payments. | 12. | \$ | 175.00 |
| | | , clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| | | tributions and religious donations | 14. | \$ | 0.00 |
| | rance. | | | · | |
| | | nsurance deducted from your pay or included in lines 4 or 20. | | | |
| | Life insur | , , , | 15a. | \$ | 0.00 |
| 15b. | Health in: | surance | 15b. | \$ | 0.00 |
| 15c. | Vehicle ir | nsurance | 15c. | \$ | 102.00 |
| | | urance. Specify: | 15d. | · · | 0.00 |
| | | nclude taxes deducted from your pay or included in lines 4 or 20. | | · | |
| Spec | | norda taxoo doddolod nom your pay or mordada m mico i or 20. | 16. | \$ | 0.00 |
| . Insta | allment or | lease payments: | | | |
| | | nents for Vehicle 1 | 17a. | \$ | 551.00 |
| 17b. | Car paym | nents for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. | Other. Sp | pecify: Credit Card - Per Divorce Decree | 17c. | \$ | 162.00 |
| | Other. Sp | | 17d. | \$ | 0.00 |
| | | s of alimony, maintenance, and support that you did not repo | ort as | · | |
| | | your pay on line 5, Schedule I, Your Income (Official Form 1 | | \$ | 0.00 |
| | | ts you make to support others who do not live with you. | , | \$ | 0.00 |
| Spec | cify: | | 19. | | |
| | | perty expenses not included in lines 4 or 5 of this form or on | Schedule I: Yo | our Income. | |
| 20a. | Mortgage | es on other property | 20a. | \$ | 0.00 |
| 20b. | Real esta | ate taxes | 20b. | \$ | 0.00 |
| 20c. | Property, | homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d. | Maintena | nce, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e. | Homeow | ner's association or condominium dues | 20e. | \$ | 0.00 |
| . Othe | er: Specify: | | 21. | +\$ | 0.00 |
| | | | | | |
| | - | monthly expenses | | | |
| | | 4 through 21. | | \$ | 2,703.81 |
| 22b. | Copy line 2 | 22 (monthly expenses for Debtor 2), if any, from Official Form 106 | 6J-2 | \$ | |
| 22c. | Add line 22 | 2a and 22b. The result is your monthly expenses. | | \$ | 2,703.81 |
| Cala | vuloto ver | monthly not income | | | |
| | - | monthly net income. | 00- | ¢ | 0 500 04 |
| | | e 12 (your combined monthly income) from Schedule I. | 23a. | | 2,586.61 |
| 23D. | Сору уоц | ir monthly expenses from line 22c above. | 23b. | -Ф | 2,703.81 |
| 230 | Subtract | your monthly expenses from your monthly income. | | | |
| 23C. | | your montnly expenses from your montnly income. It is your <i>monthly net income</i> . | 23c. | \$ | -117.20 |
| | 1110 1030 | icio your monany nocumounio. | , , , | | |
| 4. Do y | ou expect | an increase or decrease in your expenses within the year af | ter you file this | s form? | |
| | | ou expect to finish paying for your car loan within the year or do you expe | ct your mortgage | payment to increase | or decrease because of a |
| _ | | e terms of your mortgage? | | | |
| ■ N | 10. | | | | |
| ΠY | 'es. | Explain here: | | | |

| Fill in this inform | nation to identify your | case: | | | | | |
|---------------------------------|---|--------------------------|---------------------------------|--------------------------|--|--|--|
| Debtor 1 | Jason K. Kinder, | Jr. | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Bar | nkruptcy Court for the: | NORTHERN DISTRIC | T OF OHIO | | | | |
| Case number | | | | | | | |
| (if known) | | | | | Check if this is an amended filing | | |
| Official Form | | an Individua | l Debtor's Sch | edules | 12/15 | | |
| | / Would | | | | 12/13 | | |
| Sign | B U.S.C. §§ 152, 1341, and Below | , | orney to help you fill out bank | cruptcy forms? | | | |
| ■ No | | | | | | | |
| ☐ Yes. N | lame of person | | | | Bankruptcy Petition Preparer's Notice, ation, and Signature (Official Form 119) | | |
| | ty of perjury, I declare true and correct. | that I have read the sur | nmary and schedules filed w | ith this declaration and | | | |
| X /s/ Jaso | on K. Kinder, Jr. | | X | | | | |
| Jason | K. Kinder, Jr. e of Debtor 1 | | Signature of Deb | otor 2 | | | |
| Date _ | April 20, 2017 | | Date | | | | |
| | | | | | | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

| Fil | I in this inform | ation to identify you | ır case: | | | | | | |
|------------------|---|-------------------------|---------------------------------------|--|-----------------------|------------------------------------|--|--|--|
| De | ebtor 1 | Jason K. Kinde | · · · · · · · · · · · · · · · · · · · | | | | | | |
| De | ebtor 2 | First Name | Middle Name | Last Name | | | | | |
| 1 | ouse if, filing) | First Name | Middle Name | Last Name | | | | | |
| Ur | nited States Ban | kruptcy Court for the | NORTHERN DISTRIC | T OF OHIO | | | | | |
| Ca | ase number | | | | | | | | |
| (if k | known) | | | | | Check if this is an amended filing | | | |
| | | | | | | | | | |
| | fficial For | | | | | | | | |
| | | | | viduals Filing for | | 4/16 | | | |
| | | | | e are filing together, both a to this form. On the top of a | | | | | |
| nur | mber (if known |). Answer every que | estion. | | | | | | |
| Pa | rt 1: Give D | etails About Your M | arital Status and Where Y | ou Lived Before | | | | | |
| 1. | What is your | current marital stat | us? | | | | | | |
| | ☐ Married | □ Married | | | | | | | |
| | ■ Not marr | ried | | | | | | | |
| 2. | During the last 3 years, have you lived anywhere other than where you live now? | | | | | | | | |
| | □ No | | | | | | | | |
| | | all of the places you | lived in the last 3 years. Do | not include where you live no | DW. | | | | |
| | Debtor 1 Pri | | Dates Debtor | | | Dates Debtor 2 | | | |
| | Deptor 1 Pri | or Address: | lived there | Deptor 2 Prior A | Address: | lived there | | | |
| | 10900 Gree Homerville | | From-To: 2015-2016 | ☐ Same as Debto | r 1 | ☐ Same as Debtor 1 From-To: | | | |
| | 13011 Wes | | From-To: 2011-2015 | ☐ Same as Debto | or 1 | ☐ Same as Debtor 1 From-To: | | | |
| | Olevelana, | 011 44101 | 2011 2010 | | | 11010. | | | |
| 3. sta | | | | legal equivalent in a commι Nevada, New Mexico, Puerto | | | | | |
| | ☐ Yes. Mal | ke sure you fill out So | hedule H: Your Codebtors | (Official Form 106H). | | | | | |
| Pa | rt 2 Explair | n the Sources of Yo | ur Income | | | | | | |
| 4. | | | | ting a business during this | | lendar years? | | | |
| | | | | d all businesses, including pa eive together, list it only once | | | | | |
| | □ No | | | | | | | | |
| | Yes. Fill | in the details. | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | |
| | | | Sources of income | Gross income | Sources of income | Gross income | | | |
| | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Best Case Bankruptcy

| | | | | | Debtor 1 | | Debtor 2 | |
|-------|---------------------------|------|--|---|--|---|---|---|
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | |
| | | | | ent year until nkruptcy: | ■ Wages, commissions, bonuses, tips | \$18,347.32 | ☐ Wages, commissions, bonuses, tips | |
| | | | | | ☐ Operating a business | | ☐ Operating a business | |
| | r last cale anuary 1 t | | | 31, 2016) | ■ Wages, commissions, bonuses, tips | \$64,306.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | | | ☐ Operating a business | | ☐ Operating a business | |
| | | | | efore that: 31, 2015) | ■ Wages, commissions, bonuses, tips | \$81,831.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | | | ☐ Operating a business | | ☐ Operating a business | |
| | □ No | | urce and | C | me from each source separat | tely. Do not include income th | | |
| | | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of income Describe below. | Gross income (before deductions and exclusions) |
| | r last cale anuary 1 t | | | 31, 2016) | Unemployment Comp | \$3,045.00 | | |
| | | | | efore that: 31, 2015) | Unemployment Comp | \$2,926.00 | | |
| Pa 6. | Are eith □ No. | er [| Debtor 1's Neither D Individual During the No. Yes * Subject Debtor 1 During the | s or Debtor 2' ebtor 1 nor D primarily for a e 90 days befor Go to line 7 List below e paid that crunot include to adjustment | personal, family, or househole re you filed for bankruptcy, die ach creditor to whom you paieditor. Do not include payment payments to an attorney for the on 4/01/19 and every 3 years or both have primarily consure you filed for bankruptcy, die personal for the contract of the contract | r debts? Imer debts. Consumer debts d purpose." d you pay any creditor a total d a total of \$6,425* or more in tts for domestic support obligations bankruptcy case. Is after that for cases filed on o | n one or more payments and tations, such as child support a | he total amount you and alimony. Also, do |
| | | | □ Yes | include pay | | | the total amount you paid tha ort and alimony. Also, do not | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Del | otor 1 Jason K. Kinder, Jr. | Case number (if known) | | | | |
|-----|--|---|---|---|---------------------------------|---|
| | | | | | | |
| | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this pa | yment for |
| 7. | Within 1 year before you filed for bankruptour linsiders include your relatives; any general particle of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | artners; relatives of any gen- control, or owner of 20% of | eral partners; partners r more of their voting | erships of which you securities; and ar | u are a genera ny managing a | ll partner; corporations gent, including one for |
| | ■ No□ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankrupte insider? Include payments on debts guaranteed or cos No | | ments or transfer a | ny property on ac | ecount of a de | ebt that benefited an |
| | ☐ Yes. List all payments to an insider Insider's Name and Address | Dates of payment | Dates of payment Total amount Amou | | ount you Reason for this pay | |
| | | | paid | still owe | Include cred | itor's name |
| Par | t 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes. ■ No □ Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | e case |
| 10. | Within 1 year before you filed for bankrupte. Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. | | erty repossessed, f | oreclosed, garnis | hed, attached | l, seized, or levied? |
| | Creditor Name and Address | Describe the Property Explain what happened | I | Date | | Value of the property |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec | | luding a bank or fir | nancial institution | , set off any a | mounts from your |
| | ☐ Yes. Fill in the details. Creditor Name and Address | e creditor took Date a | | action was | Amount | |
| 12. | Within 1 year before you filed for bankrupte court-appointed receiver, a custodian, or a | | erty in the possessi | on of an assigned | e for the bene | fit of creditors, a |
| | ■ No □ Yes | | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property
 Official Form 107
 Statement of Financial Affairs for Individuals Filing for Bankruptcy

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page 4

Best Case Bankruptcy

| transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | | | | |
|---|--|---|----------------------------|--|---|--|--|
| | Person Who Received Transfer Address Person's relationship to you | Description and v property transfer | | Describe any property or payments received or debts paid in exchange | Date transfer was made | | |
| | | | | | | | |
| 19. | Within 10 years before you filed for bankrubeneficiary? (These are often called asset-p No Yes. Fill in the details. | | ny property to a se | lf-settled trust or similar device o | of which you are a | | |
| | Name of trust | rty transferred | Date Transfer was | | | | |
| | | | | | made | | |
| Par | rt 8: List of Certain Financial Accounts, I | nstruments, Safe Deposi | t Boxes, and Stora | age Units | | | |
| 20. | Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, | | | | | | |
| | houses, pension funds, cooperatives, asso No Yes. Fill in the details. | | | deposit, shales in banks, credit | umons, brokerage | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account instrument | or Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc | | escribe the contents | Do you still have it? | | |
| 22. | Have you stored property in a storage unit | State and ZIP Code) t or place other than you | r home within 1 ye | ar before you filed for bankruptc | v? | | |
| | _ | | • | , | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or to it? Address (Number, State and ZIP Code) | | escribe the contents | Do you still have it? | | |
| Par | rt 9: Identify Property You Hold or Contro | ol for Someone Else | | | | | |
| 23. | | | ude any property y | ou borrowed from, are storing fo | or, or hold in trust | | |
| | No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | escribe the property | Value | | |
| Par | rt 10: Give Details About Environmental In | formation | | | | | |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 5

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regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Nο ☐ Yes. Fill in the details. Name of site Environmental law, if you Date of notice Governmental unit Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it 25. Have you notified any governmental unit of any release of hazardous material? No Yes. Fill in the details. Name of site Governmental unit Date of notice Environmental law, if you Address (Number, Street, City, State and know it Address (Number, Street, City, State and ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. Case Title Nature of the case Status of the Court or agency **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name Employer Identification number** Describe the nature of the business Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

Part 12: Sign Below

No

Name

Address

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

Date Issued

page 6

Yes. Fill in the details below.

(Number, Street, City, State and ZIP Code)

| Debtor 1 | Jason K. Kinder, Jr. | | Case number (if known) | |
|----------|---|---|--|--|
| | ankruptcy case can result ir 5. §§ 152, 1341, 1519, and 35 | n fines up to \$250,000, or imprisonment fo | or up to 20 years, or both. | |
| /s/ Jas | on K. Kinder, Jr. | | | |
| Jason | K. Kinder, Jr. | Signature of Debtor | 7 2 | |
| Signatu | re of Debtor 1 | | | |
| Date | April 20, 2017 | Date | | |
| Did you | attach additional pages to | Your Statement of Financial Affairs for Ind | lividuals Filing for Bankruptcy (Official Form 107)? | |
| ■ No | | | | |
| ☐ Yes | | | | |
| Did you | pay or agree to pay someor | ne who is not an attorney to help you fill o | ut bankruptcy forms? | |
| No | | | | |
| ☐ Yes. I | Name of Person Attac | ch the Bankruptcy Petition Preparer's Notice, | Declaration, and Signature (Official Form 119). | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Fill in this inform | nation to identify your c | ase: | | |
|----------------------------|--|---------------------|--|--|
| Debtor 1 | Jason K. Kinder, J | r. Middle Name | Last Name | |
| Debtor 2 | i iist ivailie | Wildale Name | Last Name | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bar | kruptcy Court for the: | NORTHERN DIST | RICT OF OHIO | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| Official For | rm 108 | | | |
| Statemen | t of Intention | n for Indiv | iduals Filing Under Chapt | er 7 12/15 |
| If you are an indiv | vidual filing under chap | ter 7 vou must fill | out this form if | |
| | claims secured by you | - | | |
| you have lease | ed personal property ar | d the lease has no | | |
| | er is earlier, unless the | | you file your bankruptcy petition or by the date s e time for cause. You must also send copies to the | |
| | ople are filing together d date the form. | in a joint case, bo | th are equally responsible for supplying correct | information. Both debtors must |
| | nd accurate as possible our name and case num | | needed, attach a separate sheet to this form. Or | n the top of any additional pages, |
| Part 1: List Yo | ur Creditors Who Have | Secured Claims | | |
| 1 For any credito | ers that you listed in Pa | rt 1 of Schedule D | : Creditors Who Have Claims Secured by Proper | ty (Official Form 106D), fill in the |
| information bel | low. | | , · | |
| Identify the cre | ditor and the property th | at is collateral | What do you intend to do with the property that secures a debt? | at Did you claim the property as exempt on Schedule C? |
| Creditor's Ca | apital One | | | □ No |
| name: | apitai One | | Surrender the property.Retain the property and redeem it. | □ N0 |
| namo. | | | Retain the property and redeem it. | ■ Yes |
| • | 2015 Yamaha 450 | | Reaffirmation Agreement. | |
| property securing debt: | 2 ATV's | | ☐ Retain the property and [explain]: | |
| | | | | |
| | refighters Communit | y Credit | ☐ Surrender the property. | □ No |
| name: U r | nion | | Retain the property and redeem it. | . |
| | | _ | ☐ Retain the property and enter into a | Yes |
| Description of | 2015 Chevrolet Equ | inox 65000 | Reaffirmation Agreement. | |
| property securing debt: | IIIIes | | ☐ Retain the property and [explain]: | _ |
| One die | | • | | |
| Creditor's W name: | ells Fargo Home Mo | rtgage | ☐ Surrender the property. | □ No |
| Hame. | | | ☐ Retain the property and redeem it.☐ Retain the property and enter into a | ■ Yes |
| Description of | 15239 Avon Belden Grafton, OH 44044 | | Reaffirmation Agreement. | |

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Official Form 108

Best Case Bankruptcy

page 1

Statement of Intention for Individuals Filing Under Chapter 7

| Debtor 1 Jason K. Kinder, Jr. | Case number (if known) |
|---|---|
| property County securing debt: | ☐ Retain the property and [explain]: |
| Part 2: List Your Unexpired Personal Propert | y Leases |
| or any unexpired personal property lease that n the information below. Do not list real estate l | you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), feases. Unexpired leases are leases that are still in effect; the lease period has not yet ended y lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). |
| Describe your unexpired personal property leas | ses Will the lease be assumed? |
| _essor's name: | □ No |
| Description of leased | _ |
| Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | |
| Toperty. | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | |
| Topolity. | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | |
| roperty. | ☐ Yes |
| _essor's name: | □ No |
| Description of leased | |
| Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | |
| Toperty. | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | Пу |
| reporty. | ☐ Yes |
| Part 3: Sign Below | |
| Inder penalty of perjury, I declare that I have increase; or perfect to an unexpired lease. | dicated my intention about any property of my estate that secures a debt and any personal |
| (/s/ Jason K. Kinder, Jr. | X |
| Jason K. Kinder, Jr. | XSignature of Debtor 2 |
| Signature of Debtor 1 | |
| Data Amril 20, 2047 | Data |
| Date April 20, 2017 | Date |

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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Best Case Bankruptcy

| | n this information to identify your case: | | | eck one box only as 2A-1Supp: | directed in this form and | in Form |
|------------------------------------|---|--|-------------------------------------|--|---|---------------------------------|
| Debt | or 1 Jason K. Kinder, Jr. | | | ΣΑ 10αρρ. | | |
| Debt (Spou | tor 2 | | ' | ☐ 1. There is no pre | sumption of abuse | |
| Unite | ed States Bankruptcy Court for the: Northern District of | f Ohio | ' | applies will be | to determine if a presur made under <i>Chapter 7 i</i> ficial Form 122A-2). | |
| Case (if kno | e number | | , | | , | |
| (II KIIO | •••• | | | | t does not apply now be y service but it could ap | |
| | | | | ☐ Check if this is | an amended filing | |
| Off | icial Form 122A - 1 | | | | | |
| | apter 7 Statement of Your Cur | rent Mor | nthly Inc | ome | | 12/15 |
| attach case i qualif Part | • | rhich the addition m a presumption ation from Presum | al information a of abuse becau | applies. On the top of a use you do not have pr | any additional pages, writ imarily consumer debts o | e your name and r because of |
| 1. | What is your marital and filing status? Check one on | ly. | | | | |
| | ■ Not married. Fill out Column A, lines 2-11. | | | | | |
| | ☐ Married and your spouse is filing with you. Fill ou | it both Columns | A and B, lines | 2-11. | | |
| | ☐ Married and your spouse is NOT filing with you. | You and your s | pouse are: | | | |
| | ☐ Living in the same household and are not lega | Ily separated. F | - Fill out both Co | lumns A and B. lines | 2-11. | |
| | Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evading | egally separated | under nonban | kruptcy law that appl | ies or that you and your | |
| 10 the | Il in the average monthly income that you received from all start (10A). For example, if you are filing on September 15, the 6-mere 6 months, add the income for all 6 months and divide the total ouses own the same rental property, put the income from that p | onth period would by 6. Fill in the res | be March 1 throught. Do not include | ugh August 31. If the am de any income amount r | nount of your monthly income than once. For examp | ne varied during le, if both |
| | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| 2. | Your gross wages, salary, tips, bonuses, overtime, a payroll deductions). | and commissio | ons (before all | \$4,816.72 | \$ | |
| | Alimony and maintenance payments. Do not include Column B is filled in. | | • | \$ | \$ | |
| 4. | All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3. | Include regular I, your depender | contributions nts, parents, | \$0.00 | \$ | |
| 5. | Net income from operating a business, profession, | | | | | |
| | | | tor 1 | | | |
| | Gross receipts (before all deductions) | \$ 0.00 | | | | |
| | Ordinary and necessary operating expenses | -\$ 0.00 | | | _ | |
| | Net monthly income from a business, profession, or farm | n \$ | Copy here -> | \$ 0.00 | \$ | |
| 6. | Net income from rental and other real property | _ | | | | |
| | | | tor 1 | | | |
| | Gross receipts (before all deductions) | \$0.00 | | | | |
| | Ordinary and necessary operating expenses | -\$ 0.00 | | | • | |
| | Net monthly income from rental or other real property | \$ 0.00 | Copy here -> | \$ 0.00 | \$ | |

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 1

Best Case Bankruptcy

0.00

\$

7. Interest, dividends, and royalties

Case number (if known)

Official Form 122A-1

Debtor 1

Chapter 7 Statement of Your Current Monthly Income

page 2

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| Fill in this information to identify your case: | | | | | |
|---|----|--|--|--|--|
| Debtor 1 Jason K. Kinder, Jr. | | | | | |
| Debtor 2 (Spouse, if filing | 1) | | | | |
| United States Bankruptcy Court for the: Northern District of Ohio | | | | | |
| Case number(if known) | | | | | |

Check the appropriate box as directed in lines 40 or 42:

According to the calculations required by this Statement:

1. There is no presumption of abuse.

☐ Check if this is an amended filing

Official Form 122A - 2

Chapter 7 Means Test Calculation

04/16

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

| Pai | Tt 1: Determine Your Adjusted Income | |
|-----|--|--|
| 1. | Copy your total current monthly income. Copy | line 11 from Official Form 122A-1 here=> \$ 4,816.72 |
| 2. | Did you fill out Column B in Part 1 of Form 122A-1? ■ No. Fill in \$0 for the total on line 3. □ Yes. Is your spouse Filing with you? □ No. Go to line 3. □ Yes. Fill in \$0 for the total on line 3. | |
| 3. | Adjust your current monthly income by subtracting any part of household expenses of you or your dependents. Follow these storms of the incompanies of you or your dependents? No. Fill in 0 for the total on line 3. Yes. Fill in the information below: | |
| | State each purpose for which the income was used For example, the income is used to pay your spouse's tax det support other than you or your dependents. | your spouse's income \$ \$ |
| 4. | Total. Adjust your current monthly income. Subtract line 3 from line 1. | \$\$ 0.00 Copy total here=> \$0.00 \$\$ 4,816.72 |

Official Form 122A-2

Chapter 7 Means Test Calculation

page 1

Best Case Bankruptcy

Part 2:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted fro your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from in income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the from refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

1

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

570.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person \$____
- 7b. Number of people who are under 65 X 1
- 7c. Subtotal. Multiply line 7a by line 7b. \$ 54.00 Copy here=> \$ 54.00

People who are 65 years of age or older

- 7d. Out-of-pocket health care allowance per person \$ 130
- 7e. Number of people who are 65 or older X **0**
- 7f. **Subtotal.** Multiply line 7d by line 7e. \$ ______**0.00 Copy here=> +\$** _____**0.00**

54

Jason K. Kinder, Jr. Debtor 1 Case number (if known)

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 441.00 in the dollar amount listed for your county for insurance and operating expenses.

Housing and utilities - Mortgage or rent expenses:

9a. Using the number of people you entered in line 5, fill in the dollar amount 853.00 listed for your county for mortgage or rent expenses.....

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

| Name of the creditor | Averag paymer | e monthly nt |
|---------------------------|------------------|-----------------|
| Wells Fargo Home Mortgage | \$ | 751.81 |

| | | Сор | | | Repeat this |
|-------------------------------------|----|-------------|--------|--------|-------------|
| Total access on a state of a second | Φ. | 754.04 | , | 751 01 | amount on |
| Total average monthly payment | \$ | /51.81 here | => -\$ | 751.61 | line 33a. |

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 101.19 101.19 or rent expense). If this amount is less than \$0, enter \$0. here=>

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

Explain why:

- 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.
 - ☐ 0. Go to line 14.
 - 1. Go to line 12.
 - 2 or more. Go to line 12.
- 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.

204.00

Vehicle 1 Describe Vehicle 1:

2015 Chevrolet Equinox 65000 miles

- 13a. Ownership or leasing costs using IRS Local Standard.....
- \$ 471.00

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

| Name of each creditor for Vehicle 1 | Average payment | • |
|-------------------------------------|-----------------|--------|
| Firefighters Community Credit Union | \$ | 386.73 |

Total Average Monthly Payment

386.73 Copy

Copy here => -\$ 386.73 Repeat this amount on

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. if this amount is less than \$0, enter \$0.

\$ 84.27

0.00

Copy net Vehicle 1 expense here => \$

84.27

Vehicle 2 Describe Vehicle 2:

- 13d. Ownership or leasing costs using IRS Local Standard.....\$
- 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

| Name of each creditor for Vehicle 2 | Average monthly payment |
|-------------------------------------|-------------------------|
| | Q |

Total Average Monthly Payment

Copy here => - Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from line 13d. if this amount is less than \$0, enter \$0.

\$_____0.00

Copy net
Vehicle 2
expense
here => \$
0.00

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

\$ 0.00

0.00

| er Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories. Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. | s for | |
|--|--|---|
| self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. | | |
| Do not include real extent pales or use taxes | | |
| Do not include real estate, sales, or use taxes. | \$_ | 1,580.07 |
| Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. | | |
| Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. | \$_ | 198.12 |
| Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. | \$_ | 406.12 |
| Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. | | |
| Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. | \$_ | 201.22 |
| | | |
| for your physically or mentally challenged dependent child if no public education is available for similar services. | \$_ | 0.00 |
| Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. | | |
| Do not include payments for any elementary or secondary school education. | \$_ | 0.00 |
| Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. | | |
| Payments for health insurance or health savings accounts should be listed only in line 25. | \$_ | 0.00 |
| Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. | | |
| Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. | +\$_ | 0.00 |
| Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. | \$ | 3,839.99 |
| | Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those r | Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those |

Debtor 1

| Add | ditional Expense Deductions | These are additional | deductions | allowed by th | ne Means Test. | | |
|-----|---|--|-------------------------|------------------------------------|--|-----|------|
| | | Note: Do not include | any expen | se allowances | s listed in lines 6-24. | | |
| 25. | | | | | ses. The monthly expenses for health ly necessary for yourself, your spouse, or | | |
| | Health insurance | | \$ | 0.00 | | | |
| | Disability insurance | | \$ | 0.00 | | | |
| | Health savings account | | + \$ | 0.00 | | | |
| | | | | | | | |
| | Total | | \$ | 0.00 | Copy total here=> | \$ | 0.00 |
| | | | | | | | |
| | Do you actually spend this total | amount? | | | | | |
| | No. How much do you a | ctually spend? | | | | | |
| | Yes | | \$ | | | | |
| 26. | continue to pay for the reasonal | ole and necessary care our immediate family w | and suppo ho is unab | ort of an elder le to pay for s | e actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may 29A(b). | \$ | 0.00 |
| 27. | | | | | nses that you incur to maintain the es Act or other federal laws that apply. | | |
| | By law, the court must keep the | nature of these expens | ses confide | ential. | | \$ | 0.00 |
| 28. | • | • | | | insurance and operating expenses on | | |
| | If you believe that you have hon 8, then fill in the excess amount | | | n the home e | nergy costs included in expenses on line | | |
| | You must give your case trustee amount claimed is reasonable a | | r actual ex | penses, and y | ou must show that the additional | \$ | 0.00 |
| 29. | | for your dependent ch | | | e monthly expenses (not more than than 18 years old to attend a private or | | |
| | You must give your case trustee claimed is reasonable and nece | | | | ou must explain why the amount 23. | | |
| | * Subject to adjustment on 4/01/ | 19, and every 3 years | after that f | or cases begu | n on or after the date of adjustment. | \$ | 0.00 |
| 30. | | and clothing allowances | s in the IRS | S National Sta | ctual food and clothing expenses are ndards. That amount cannot be more | | |
| | To find a chart showing the max instructions for this form. This cl | | | | | | |
| | You must show that the addition | al amount claimed is re | easonable | and necessar | y. | \$ | 0.00 |
| 31. | Continuing charitable contrib instruments to a religious or cha | | | | ntribute in the form of cash or financial | +\$ | 0.00 |
| | | | | | | | |
| 32. | Add all of the additional expertance Add lines 25 through 31. | nse deductions. | | | | \$ | 0.00 |

| Dedu | ctions for Debt Payment | | | | | |
|--------------------|---|---|----------|--|-----------------|---------------------|
| | or debts that are secured by an inter ans, and other secured debt, fill in li | est in property that you own, including ho nes 33a through 33e. | me mor | rtgages, vehicle | | |
| | o calculate the total average monthly pareditor in the 60 months after you file for | ayment, add all amounts that are contractually r bankruptcy. Then divide by 60. | y due to | each secured | | |
| | Mortgages on your home: | | | | | erage monthly yment |
| 33a. | Copy line 9b here | | | => | \$ | 751.81 |
| | Loans on your first two vehicles: | | | | | |
| 33b. | Copy line 13b here | | | => | • \$ | 386.73 |
| 33c. | Copy line 13e here | | | => | • \$ | 0.00 |
| 3d. | List other secured debts: | | | | | |
| Name | of each creditor for other secured debt | Identify property that secures the debt | | Does payment include taxes or insurance? | r | |
| | | 2015 Yamaha 450 | | ■ No | | |
| | Capital One | 2 ATV's | | ☐ Yes | \$ | 163.45 |
| | | | | | Ψ - | |
| | | | | | • | |
| | | | | U Yes | \$ _ | |
| | | | | □ No | | |
| | | | | ☐ Yes | +\$ | |
| | | | | | - | |
| | | | | | Copy total | |
| 3e. | Total average monthly payment. Add | ines 33a through 33d | \$_ | 1,301.99 | here=> | \$ 1,301.99 |
| | | secured by your primary residence, a veluport or the support of your dependents | | | | |
| | No. Go to line 35. | | | | | |
| | | st pay to a creditor, in addition to the paymen ssion of your property (called the <i>cure amour</i> e information below. | | | | |
| Nam | e of the creditor | Identify property that secures the debt | | Total cure amount | | Monthly cure amount |
| -NC | NE- | | | \$ ÷ | 60 = \$ | |
| | | | | | | |
| | | | | | Сору | |
| | | To | otal \$_ | 0.00 | total here=> | \$ |
| | | | | | | |
| 35. D aı | o you owe any priority claims such a re past due as of the filing date of yo | s a priority tax, child support, or alimony ur bankruptcy case? 11 U.S.C. § 507. | - that | | | |
| • | - 110. Co to imio co. | | | | | |
| | ongoing priority claims, such a | • | | | | |
| | Tatal and and at all month door | oriority claims | \$ | 0.00 ÷ | 60 = | \$ 0.0 |

37. Add all of the deductions for debt payment.

Add lines 33e through 36.

\$___1,301.99

Total Deductions from Income

38. Add all of the allowed deductions.

| expense allowances | \$ 3, |
|--|----------|
| Copy line 32, All of the additional expense deductions | \$ |

Copy line 37, All of the deductions for debt payment +\$ _______+\$

,839.99 0.00

Part 3: Determine Whether There is a Presumption of Abuse

39. Calculate monthly disposable income for 60 months

39a. Copy line 4, adjusted current monthly income \$ 4,816.72
39b. Copy line 38, Total deductions -\$ 5,141.98

39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a

\$ ______Copy
here=>\$ -325.26

For the next 60 months (5 years) x 60

| \$_ | -19,515.60 |
|-----|------------|
| | |

- 40. Find out whether there is a presumption of abuse. Check the box that applies:
 - The line 39d is less than \$7,700*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5.
 - ☐ The line 39d is more than \$12,850*. On the top of page 1 of this form, check box 2, *There is a presumption of abuse*. You may fill out Part 4 if you claim special circumstances. Go to Part 5.

39d.

☐ The line 39d is at least \$7,700*, but not more than \$12,850*. Go to line 41.

*Subject to adjustment on 4/01/19, and every 3 years after that for cases filed on or after the date of adjustment.

39d. **Total.** Multiply line 39c by 60

| or 1 | Jaso | n K. Kinder, Jr. | Case number (if know | m) | |
|--------------|---|--|--|--|-----------|
| l1. | 41a. | Fill in the amount of your total nonpriority unsecured debt. If you filled A Summary of Your Assets and Liabilities and Certain Statistical Informatic Schedules (Official Form 106Sum), you may refer to line 3b on that form. | n \$ | 25 | |
| | 41b. | 25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(| | Copy here=> | \$ |
| | | Multiply line 41a by 0.25e whether the income you have left over after subtracting all allowed of | | ugh to pay | |
| | | our unsecured, nonpriority debt. e box that applies: | | | |
| | | 39d is less than line 41b. On the top of page 1 of this form, check box 1, <i>T</i> Part 5. | here is no presump | otion of abuse. | |
| | | 39d is equal to or more than line 41b. On the top of page 1 of this form, clamption of abuse. You may fill out Part 4 if you claim special circumstances. | | | |
| t 4 : | Giv | e Details About Special Circumstances | | | |
| eas | onable Io. Go | e any special circumstances that justify additional expenses or adjust alternative? 11 U.S.C. § 707(b)(2)(B). to Part 5. | | | |
| eas | vonable Ves. Fill iter You ne adj | alternative? 11 U.S.C. § 707(b)(2)(B). | expense or income ne expenses or income on of your actual expenses or income of your actual expenses. | e adjustment for e ome adjustments xpenses or income | each |
| eas | vonable Ves. Fill iter You ne adj | to Part 5. in the following information. All figures should reflect your average monthly m. You may include expenses you listed in line 25. u must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation ustments. | expense or income ne expenses or inco on of your actual ex | e adjustment for e ome adjustments xpenses or income | each |
| eas | vonable Ves. Fill iter You ne adj | to Part 5. in the following information. All figures should reflect your average monthly m. You may include expenses you listed in line 25. u must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation ustments. | expense or income ne expenses or income on of your actual expenses or income of your actual expenses. | e adjustment for e ome adjustments xpenses or income | each |
| reas | vonable Ves. Fill iter You ne adj | to Part 5. in the following information. All figures should reflect your average monthly m. You may include expenses you listed in line 25. u must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation ustments. | expense or income ne expenses or income on of your actual expenses or income of your actual expenses. | e adjustment for e ome adjustments xpenses or income | each |
| reas | vonable Ves. Fill iter You ne adj | to Part 5. in the following information. All figures should reflect your average monthly m. You may include expenses you listed in line 25. u must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation ustments. | expense or income ne expenses or income on of your actual expenses or income of your actual expenses. | e adjustment for e ome adjustments xpenses or income | each |
| reas | vonable Ves. Fill iter You ne adj | to Part 5. in the following information. All figures should reflect your average monthly m. You may include expenses you listed in line 25. u must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation ustments. | expense or income ne expenses or income on of your actual expenses or income of your actual expenses. | e adjustment for e ome adjustments xpenses or income | each |
| ■ N | onable No. Go Yes. Fill itel You ne ad G | to Part 5. in the following information. All figures should reflect your average monthly m. You may include expenses you listed in line 25. u must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation ustments. | expense or income ne expenses or income on of your actual expenses or income of your actual expenses. | e adjustment for e ome adjustments xpenses or income | each |
| ■ N P | onable No. Go Yes. Fill itel Young G Sig | alternative? 11 U.S.C. § 707(b)(2)(B). to Part 5. in the following information. All figures should reflect your average monthly m. You may include expenses you listed in line 25. u must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation ustments. ive a detailed explanation of the special circumstances | expense or income ne expenses or income on of your actual expenses Average monthl or income adjus \$ | e adjustment for e | each e |
| reas | onable No. Go Yes. Fill itel You ne ad | alternative? 11 U.S.C. § 707(b)(2)(B). to Part 5. in the following information. All figures should reflect your average monthly m. You may include expenses you listed in line 25. u must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentationst ustments. ive a detailed explanation of the special circumstances ive a detailed explanation of the special circumstances in Below gning here, I declare under penalty of perjury that the information on this startage of the period of the special circumstances. | expense or income ne expenses or income on of your actual expenses Average monthl or income adjus \$ | e adjustment for e | each e |
| reas | onable No. Go Yes. Fill itel You ne add G Sig By sig X /s/ Ja Sig | to Part 5. in the following information. All figures should reflect your average monthly in. You may include expenses you listed in line 25. u must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation ustments. ive a detailed explanation of the special circumstances ive a detailed explanation of the special circumstances | expense or income ne expenses or income on of your actual expenses Average monthl or income adjus \$ | e adjustment for e | each e |

| ason K. Kinder, Jr. | Case number (if known) | |
|---------------------|------------------------|--|
| | | |

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 10/01/2016 to 03/31/2017.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment Income

Year-to-Date Income:

Last Year:

Debtor 1

Starting Year-to-Date Income: \$\frac{\$52,815.16}{\$64,306.44}\$ from check dated \$\frac{9/25/2016}{\$12/25/2016}\$.

This Year:

Current Year-to-Date Income: \$17,409.04 from check dated 3/26/2017 .

Income for six-month period (Current+(Ending-Starting)): \$28,900.32 .

Average Monthly Income: **\$4,816.72**

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee | |
|---|-------|--------------------|--|
| + | \$75 | administrative fee | |
| | \$310 | total fee | |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_form

s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

United States Bankruptcy Court Northern District of Ohio

| | | | G M | | |
|-------|---|--|---|-----------------------|-----------------|
| In re | Jason K. Kinder, Jr. | Debtor(s) | Case No. Chapter | 7 | |
| | | (,, | 1 | _ | |
| | DISCLOSURE OF COMPE | ENSATION OF ATTOR | NEY FOR D | EBTOR(S) | |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the fill be rendered on behalf of the debtor(s) in contemplation | or agreed to be paid | d to me, for services | | |
| | For legal services, I have agreed to accept | | \$ | 900.00 | |
| | Prior to the filing of this statement I have received | | \$ | 900.00 | |
| | Balance Due | | | 0.00 | |
| 2. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ■ I have not agreed to share the above-disclosed com | pensation with any other person t | inless they are men | nbers and associates | of my law firm. |
| | ☐ I have agreed to share the above-disclosed compen copy of the agreement, together with a list of the na | | | | law firm. A |
| 5. | In return for the above-disclosed fee, I have agreed to | render legal service for all aspects | of the bankruptcy | case, including: | |
| | a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, state. c. Representation of the debtor at the meeting of credid. d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on he | atement of affairs and plan which tors and confirmation hearing, and reduce to market value; exe ons as needed; preparation | may be required; d any adjourned he mption planning | arings thereof; | filing of |
| 6. | By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any disany other adversary proceeding. | | | ces, relief from sta | ay actions or |
| | | CERTIFICATION | | | |
| | I certify that the foregoing is a complete statement of a bankruptcy proceeding. | ny agreement or arrangement for | payment to me for | representation of the | debtor(s) in |
| | pril 20, 2017 | /s/ Scott W. Paris | | | |
| Date | | Scott W. Paris 007 Signature of Attorney | | | |
| | | Paris Law, LLC | / | | |
| | | 409 East Avenue, | Suite B | | |
| | | Elyria, OH 44035 | (440) 2E2 403 | 00 | |
| | | (440) 252-4025 Fa sparis@parislawo | | 0 | |
| | | Name of law firm | | | |
| | | | | | |

United States Bankruptcy Court Northern District of Ohio

| In re | Jason K. Kinder, Jr. | Debtor(s) | Case No. Chapter | 7 | |
|--------|-------------------------------------|---|---------------------|-----------------------|--|
| | VERI | FICATION OF CREDITOR | MATRIX | | |
| The ab | ove-named Debtor hereby verifies th | nat the attached list of creditors is true and o | correct to the best | of his/her knowledge. | |
| Date: | April 20, 2017 | /s/ Jason K. Kinder, Jr. Jason K. Kinder, Jr. Signature of Debtor | | | |

American Express P.O. Box 981535 El Paso, TX 79998-1535

Best Buy/CBNA PO Box 6497 Sioux Falls, SD 57117

Capital One P.O. Box 30253 Salt Lake City, UT 84136

Capital One P.O. Box 30285 Salt Lake City, UT 84130

Chase Card PO Box 15298 Wilmington, DE 19850

Citicards CBNA PO Box 6241 Sioux Falls, SD 57117

Discover Financial Services LLC P.O. Box 15316 Wilmington, DE 19850

Elizabeth Geffert 2660 W 32nd Pl Cleveland, OH 44113

Firefighters Community Credit Union 2300 Saint Clair Ave NE Cleveland, OH 44114

Flooring Solutions 800 Walnut Street Des Moines, IA 50309

Jacquelin Kinder 22938 Mastick Road Apt. 3 Cleveland, OH 44126 Lending Club Corporation 71 Stevenson Suite 300 San Francisco, CA 94105

Synchorny/Levin Furniture P.O. Box 965036 Orlando, FL 32896

Synchrony Bank/Lowes PO Box 965005 Orlando, FL 32896

THD/CBNA
P.O. Box 6497
Sioux Falls, SD 57117-6497

Wells Fargo Home Mortgage P.O. Box 10335 Des Moines, IA 50306-0335